
Patient Builders

Inc.

The intention of this agreement is to ensure that ALL staff dealing with the PATIENT BUILDERS, INC. program completely understands this program's operation.

- . I HAVE READ THE PATIENT BUILDERS SCRIPT AND, BY DOING SO UNDERSTAND THE OFFER AND THE METHOD USED TO OBTAIN APPOINTMENTS.
- . I HAVE READ THE RULES & POLICIES (2 PAGES), AND UNDERSTAND HOW PATIENT BUILDERS SHOW-UPS ARE RECORDED, AS WELL AS BEING COMPLETELY FAMILIAR WITH THE COMMUNICATIONS PROCEDURES.
- . I UNDERSTAND THE SCHEDULE PATIENT BUILDERS WILL BE USING & THAT THEY WILL ALWAYS BE WORKING TO FILL ANY AVAILABLE TIME SLOT.
- . I HAVE READ AND UNDERSTAND THE PATIENT BUILDERS CLIENT UPDATE FORM.
- . I HAVE READ, AND AGREE TO BEHAVE, AS DETAILED IN THE PROGRAM PITFALLS INFORMATION.

- . I UNDERSTAND AND AGREE THAT I WILL ALWAYS BE COURTEOUS TO ALL TELEMARKETING SHOW-UPS AND EXPEDITE THEIR SERVICES.
- . I UNDERSTAND AND AGREE THAT THE RELATIONSHIP BETWEEN PATIENT BUILDERS AND OUR OFFICE IS DESIGNED TO BUILD THE PRACTICE THROUGH THIS FORM OF MARKETING. AS SUCH, WE HAVE IN ESSENCE FORGED A PARTNERSHIP. TO THE DEGREE WE WORK TOGETHER AND MAINTAIN OPEN LINES OF COMMUNICATION, TO THAT SAME DEGREE WE WILL SUPPORT THE PROGRAM'S SUCCESS.

My signature below indicates that I have read, understand, and agree to all of the above.

Staff Signature:

Date:

My signature below indicates that I will take full responsibility for my staff's adherence to all of the above. Further, I agree to ensure that any new staff added subsequent to the signing of this agreement would be FULLY EDUCATED on the above listed items.

Doctor Signature:

Date:
